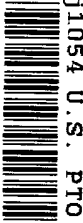


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1054 U.S. PTO
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12/11/01

**TRANSMITTAL OF
UTILITY
APPLICATION
UNDER 37
C.F.R. §1.53**

Attorney Docket No.	24743-2308
First named inventor	Monforte, Joseph A.
Express mail label #	EL865036111US
Date of mailing	December 11, 2001

Application Elements

Accompanying Application Papers

1. ☒ Fee Transmittal Form
2. ☒ Specification containing 74 pages
(including claims and Abstract).
 - a. Title: MULTIPLEXED PROTEIN
EXPRESSION AND ACTIVITY
ASSAY RELATED APPLICATIONS
 - b. Number of claims: 48
3. ☒ 1 sheet of drawings with 1 Figure
4. ☐ Declaration
5. ☐ Sequence Listing
 - ☐ Paper copy (identical to computer copy)
 - ☐ Computer readable copy
 - ☐ Verified statement

6. ☐ Assignments
7. ☒ Small Entity Status is claimed
8. ☐ Preliminary Amendment
9. ☒ Return Receipt Postcard

SIGNATURE OF ATTORNEY/AGENT

HELLER EHRMAN WHITE & McAULIFFE LLP

Stephanie Seidman
Stephanie Seidman
Registration Number: 33,779

☒ Benefit of priority under 35 U.S.C. §119(e) claimed to U.S. provisional application Serial No. 60/254,958, filed December 11, 2000. The provisional application is incorporated by reference in its entirety.

CORRESPONDENCE ADDRESS

NAME	Stephanie Seidman Registration No. 33,779 Heller Ehrman White & McAuliffe LLP	
Address	4350 La Jolla Village Drive, 7th Floor, San Diego, CA 92122	
	Telephone: 858.450-8403	Facsimile: 858.587-5360

FEE TRANSMITTAL ACCOMPANYING UTILITY APPLICATION UNDER 37 C.F.R. §1.53	Attorney Docket No.	24743-2308
	First named inventor	Monforte, Joseph A.
	Express mail label #	EL865036111US
	Date of mailing	December 11, 2001

FEE CALCULATION FOR CLAIMS AS FILED

a)	Basic Fee		\$ 740.00
b)	Independent Claims <u>3</u> - 3 = <u>3</u> x \$ 84.00		\$ <u>0.00</u>
c)	Total Claims <u>48</u> - 20 = <u>28</u> x \$ 18.00		\$ <u>504.00</u>
d)	Fee for Multiple Dependent Claims - \$270.00		\$ <u>0.00</u>
TOTAL FILING FEE			\$1244.00

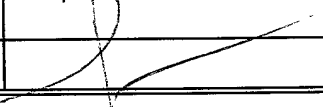
[X] Status as Small Entity is claimed
reducing Fee by one-half to

\$622.00

[X] A check in the amount of \$622.00 to cover the fee for filing the application.

[] Charge \$.00 to Deposit Account No. 50-1213

[X] The Commissioner is hereby authorized to charge any fees, including the filing fee and excess claims fee, that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1213. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1213 during the entire pendency of this application. This sheet is filed in duplicate.

CORRESPONDENCE ADDRESS			
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Address	4350 La Jolla Village Drive, 7th Floor, San Diego, CA 92122		
	Telephone: 858.450.8403	Facsimile: 858.587.5360	
Submitted by:			
Typed or printed name	Stephanie Seidman		Reg. Number 33,779
Signature		Date 12/11/01	Deposit Account 50-1213

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